

<b>Case Number:</b>	CM14-0134061		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a 1/28/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/7/14 noted subjective complaints of persistent leg pain. Objective findings included well healed incisions from recent surgery L5-S1 laminectomy with repair of dural leak on 6/11/14. Diagnostic Impression: pseudomeningocele treatment to Date: L5-S1 laminectomy. A UR decision dated 7/24/14 modified the request for physical therapy three times four for the lumbar spine, certifying 8 sessions. For the patient's surgical procedure, the recommended number of therapy sessions would be 16 visits over 8 weeks. Half of the recommended sessions would be eight. With objective functional benefit, additional sessions could then be requested. It also modified elevated toilet seat for 2 bathrooms, certifying 1. Given that the patient does have documented physical limitations, the medical necessity is established; however there is not provided rationale as to why the patient would need two elevated seats. It modified home health aide to assist him around the house 3 days a week for 6-8 hours a day for 4 weeks, certifying a one time home health evaluation. There is no documentation of the patient's current social structure or that he has ongoing deficits that would require ongoing care as being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 3 x 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines allow up to 16 visits over 8 weeks for post-surgical physical treatment of laminectomy. However, the initial course of therapy is limited to half these number of visits, which would be 8. The requested 12 visits exceed guideline recommendation for initial course of therapy. Therefore, the request for physical therapy three times four for the lumbar spine was not medically necessary.

**Elevated toilet seat for 2 bathrooms:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not specifically address this issue. Official Disability Guidelines (ODG) states that raised toilet seats are indicated as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The patient does have documented physical limitations and is s/p recent lumbar surgery. Elevated toilet seats are a reasonable part of his postoperative treatment plan. Therefore, the request for elevated toilet seat for two bathrooms was medically necessary.

**Home health aide to assist injured worker around the house 3 days a week for 6-8 hours a day for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. However, there is no mention that the patient is homebound. Additionally, it is unclear what the request for assisting the injured worker around the house exactly means, as homemaker services and personal care are not

considered medical treatment. Therefore, the request for home health aide to assist injured worker around the house three days a week for 6 six to eight hours a day weeks was not medically necessary.